

Consent for Nitrous Oxide Analgesia (Supplemental use of “Laughing Gas”)

Patient Name

Date

Pt. #

You will always be given local anesthesia. LOCAL ANESTHESIA will produce a numb feeling in the area being operated on and only pressure will be felt during surgery. You will be awake and aware of the surgery, but there should be no pain or significant discomfort.

You may choose to add NITROUS OXIDE ANALGESIA as a *supplement* to local anesthesia. Use of nitrous oxide requires that we obtain your consent.

NITROUS OXIDE is also known as “laughing gas.” You will be relaxed and somewhat less aware of your surroundings, as well as less responsive to minor discomfort, and you may or may not recall much of the procedure. Nitrous oxide is breathed through a nasal mask and, after a state of relaxation is reached, local anesthesia is administered.

Nitrous oxide has few lasting effects, and you usually may drive safely after a fairly brief recovery time. However, for safety precautions, its use does require some preparation on your part. Thus, it is important that you read and understand the information below and that you prepare by following the instructions carefully. If you are unclear about anything, please ask your doctor.

1. Recovery time from nitrous oxide is usually very short, but may be prolonged, requiring you to remain in the office for some time after surgery. Rarely, you may be unable to drive home alone. Thus, it is best to arrange for a responsible friend or family member to be “on call” for such a possibility.
2. For more extensive procedures you may wish to have someone drive you home.
3. Plan to rest for a few hours after the procedure.

I understand that the use of nitrous oxide, although usually safe and without lasting consequences, may affect me differently. I am prepared to deal with any undesirable side effects of nitrous oxide and understand that those possibilities listed above, as well as others not considered, may occur. I agree to the use of Nitrous Oxide analgesia (“Laughing Gas”) to supplement the local anesthesia planned for my procedure.

Patient’s or Guardian’s Signature

Date

Guardian’s Relationship to Patient

Doctor’s Signature

Date

Witness’ Signature

Date